

the dust of the air. It is highly probable that these scales carry the germs of the disease and so may be a means of spreading the infection. The rule laid down by Dr. F. Cramer, of Wiesbaden, if rigidly enforced, would go far towards limiting the spread of all contagious diseases. It is, "Nothing must come out of the sickroom that has not been disinfected."

THE CARE OF AN OBSTETRICAL PATIENT *

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FROM a nurse of my experience a didactic lecture seems a little out of place, but one thing I know, that private nursing is in many ways very different from hospital work, and the nurse who lacks adaptability, who cannot make a china basin do duty as a bedpan, who cannot protect the bed with baked newspapers when sterile pads are not available, who is so afraid of doing a servant's work that she cannot rise to almost any occasion,—that nurse is not going to be a competitor to be seriously considered.

The obstetrical outfit which we are taught to consider necessary is not by any means indispensable, and I've observed that the surgeon with the newest knife is not always the one that makes the straightest cut. It's a good thing to have all we want, if we can get it; but there are a great many times when it is the part of wisdom not to want too much.

We like to think that the trained nurse in obstetrical practice has won her way over every competitor, but if it were so we would all become specialists in midwifery, since babies are born every minute and the demand for our service would be unending. Here among ourselves we may acknowledge that there are very many misguided mothers who still are not convinced that an exacting, expensive graduate is more to be desired than the experienced helper who tides over her patient with more comfort if with less science. Training will not take the place of sympathetic common-sense, and if we hold our own over our many rivals it will be because, and only because, we make of ourselves from every possible stand-point a very present help in time of trouble. As Oliver Wendell Holmes has expressed in rare verse:

"To give the draught that cools the lips that burn,
To fan the brow, the weary frame to turn,
Kindness untutored by our grave M.D.'s.
But Nature's graduate whom she schools to please

* Read before the Kansas City Association of Graduate Nurses, April 1, 1903.

Wins back more sufferers with her voice and smile
Than all the trumpery in the druggist pile.
Each look, each movement, every word and tone,
Should tell the patient you are all his own.

"Not the mere artist, purchased to attend,
But the warm, real, self-forgetting friend,
Whose genial service in itself combines
The best of cordials, tonics, anodynes.
Such is the service that from day to day
Sheds o'er sick-chambers its benignant ray."

What articles we demand in any given case must depend entirely on the case. If we can have just what we want, let us have for the baby: an old piece of soft flannel to receive it in; four flannel shirts; four flannel bands; four flannel skirts or four pinning blankets; six or eight slips; three tennis-flannel nightdresses; five or six dozen ordinary napkins; two dozen small ones; plenty of old, soft, white cloths to be used as napkins at first, afterwards burned; an unguent of some kind; castile soap, and a box of the best talcum powder.

And for the expectant mother: two pounds absorbent cotton; five yards gauze (sterile); three or four good-sized cotton pads; rubber sheet; six or eight nightdresses; one dozen sheets; douche-bag and bedpan.

And for the doctor: plenty of hot and cold sterile water; bichloride solution; scissors; cord; a hypodermic of strychnine; whiskey, and a vessel for the placenta.

But if we find that we cannot, or should not, demand all this, let us see what we want to accomplish and remember that good antiseptic technique may be carried out in a barnyard if the brain that directs is trained in principles and details.

If we know our principles, we can control our practice. One doctor may want the baby oiled, another soaped. And I grant that it is policy to learn their notions in this matter. But if we remember that we should subject the newcomer to as few changes of temperature as is compatible with cleanliness, it will make very little difference to the little fellow whether he is anointed with the olive oil of the Italian, the bacon fat of the negro, or the most delicate unguent of the ultra refined. The same rule applies to the navel. If we know that we want it to desiccate as quickly as possible, and remember that any liquid put upon it will delay that result, we will be rewarded by a clean little pink dimple, whether we keep the stump clean and dry with the daintiest absorbent cotton or with the scorched and therefore sterile rag of the old-time nurse.

There is all the difference in the world between being helpful and

being meddlesome. But the line between what is our work and what is the doctor's is not always a plain one, yet the tactful, sensible nurse will not often overstep it.

"When in doubt, tell the doctor," is a pretty safe rule. It will not always solve the problem, it is true, for doctors are not infallible, but it will help, and is certainly the right thing to do. At the same time the nurse who is able to anticipate trouble and ward it off by means which lie within her sphere is always appreciated. Thorough acquaintance with the peculiarities of the patient is a wonderful help and should be sought in all ways short of inquisitiveness. A talk with her before confinement, and quiet, well-bred observance of her on every occasion, will often be the guide to reaching the unobtrusive control which the successful nurse must exercise. Whether or not she should wear a band, what medicaments should be applied to the nipples, whether she should or should not have douches, are questions for the doctor to decide, and it is almost certain that he will not agree with your last physician. But that your patient should be clean and quiet, untroubled in mind, and comfortable in body so far as your efforts can make her are things which fall to the nurse to accomplish. Comfortable she will not be if the baby is not the same. So true is this, that you often wonder whether some invisible part of the cord does not still bind them together. So the care of the child is a very important matter in more ways than in one. It has come from a climate of 98.6°, therefore it must be kept pretty warm until it becomes acclimated. But it has lately taken up the very new duty of breathing through its own lungs, so it must have air—and very good air at that. Its digestion has not become used to heavy food and will resent it even if it come through the mother's milk, so the mother should be well fed, but with due regard to the little stomach she is nourishing. It is very hard sometimes to let a baby alone, or induce others to do so. When it is warm and comfortable, with its tender flesh at rest, and the light screened from its eyes, with its napkins dry and every article of clothing loose and smooth, you have done about all that you can do, and you should know when to stop.

The personal element enters so largely into success in nursing, as it does everywhere else, that it is more than difficult to lay down hard-and-fast rules, except where they apply to antisepsis and kindred subjects.

The method one nurse can use with credit will be in the hands of another a total failure. It is possible to be firm, yet gentle; patient, yet decided; clean, not fussy; entertaining, not gossipy; loyal, but self-respecting. But each nurse will strive in her own individual way,—must do so if she possess originality and character,—and in all her success will be the measure of her fitness.